

Board of Certification of Operators of Drinking Water Supply Facilities
Division of Registration
239 Causeway Street - 5th Floor Boston, MA 02114

Request for Training Contact Hours (TCH) Application Form

Information:

Name/Association _____

Address _____

Name of Person Requesting TCHs _____

Day Phone # _____ FAX _____ E-MAIL _____

Program/Course Title _____

Program/Course Location _____

Dates of Program/Course _____

Individual Training Course:

How will this course meet the needs of Certified Public Water Supply Operator? What will (s)he learn? _____

Instructor's Name: _____

Address: _____

Qualifications (or attach resume):

Continued on next page

This box for DEP use.

Date Received	Evaluated By	Date Evaluated	Board Approval	Number of TCHs	Board File Number

Individual Training Course Continued:

Proctor's Name: _____

Affiliation, Address, Phone: _____

Be sure to enclose with this application:

☐ The **course outline or agenda** showing each topic covered and the time allotted for each topic.

☐ A **copy of the instruction material** showing what skills and knowledge the student will be able to demonstrate after completion of the course. And enclose a copy of all handouts or course materials. Enclose a **list of all audiovisual material** used in the course (videos, slides, tapes, films, overheads, etc.).

☐ A **copy of the Certificate of Completion**.

☐ A **copy of the attendance roster** that will be used.
(Showing the name of the course, renewal credits issued, course id number, date and time the course was held, location of course, instructor's name, attendees names, morning and afternoon sign in and each day sign in, operator certificate number if applicable, proctor affidavit)

☐ A **copy of the course's evaluation form**.

☐ A **copy of the written policy on maintaining the course's records**.

☐ A **copy of the course's requirements of satisfactory completion** (performance and attendance) of the course.

Number of Training Contact Hours requested.

If approval of a training **program** is desired over individual courses please contact Paul Niman at 617-556-1166 or email at paul.niman@state.ma.us